

Readoption Review

Tuberculosis Control 410 IAC 2

IC 4-22-2.5-3.1(c) requires an agency to conduct a review to consider whether there are alternative methods of achieving the purpose of the rule that are less costly or less intrusive, or that would minimize the economic impact of the proposed rule on small business.

Description of Rule:

The Indiana State Department of Health (ISDH) has responsibility for the control of Tuberculosis in Indiana. In 1996, the Indiana General Assembly enacted IC 4-22-2.5, to establish automatic expiration of any rule in effect for more than seven years, and to create a streamlined method for re-adoption of such rules without change. On March 14, 1972, in accordance with IC 16-19-5-1, the ISDH adopted 410 IAC 2 to establish Tuberculosis Control measures which included reporting requirements, requirements for moving of infectious TB patients, and out-patient clinic subsidy payments under the authority of IC 16-19-3-4; IC 16-19-3-5.. In accordance with IC 4-22-2.5, 410 IAC 2 must be readopted if it is to remain in effect.

Re-adoption Analysis

1) Is there a continued need for this rule?

Indiana continues to have cases of infectious Tuberculosis which need to be reported, and controlled if the spread of Tuberculosis is to be prevented. Infectious Tuberculosis patients continue to move from dwelling to dwelling and from jurisdiction to jurisdiction, and counties continue to have indigent patients in need of a subsidy. Last year there were 125 cases of infectious tuberculosis in the State of Indiana. Several of these cases moved between counties and several moved out of state.

2) What is the nature of any complaints or comments received from the public, including small business, concerning the rule or the implementation of the rule by the agency?

There has been no complaints or comments received from the public or small business concerning this rule or the implementation of this rule by ISDH. ISDH Tuberculosis Control Division provides medication free of charge to TB patients after they have been reported, which is an asset to the patients being seen by the public entities and small health/medical businesses in Indiana

- 3) **Examine the complexity of the rule, including difficulties encountered by the agency in administering the rule and small businesses in complying with the rule.**

No complaints or comments have been received from small business about the complexity of this rule or difficulties with its implementation.

- 4) **To what extent does the rule overlap, duplicate, or conflict with other federal, state, or local laws, rules, regulations, or ordinances?**

This rule does not overlap, duplicate, or conflict with other federal, state laws and regulations. To the best of our knowledge it does not conflict with any local laws, rules, regulations or ordinances.

- 5) **When was the last time the rule was reviewed under this section or otherwise evaluated by the agency, and the degree to which technology, economic conditions, or other factors have changed in the area affected by this rule since that time?**

This rule was readopted in July, 2001 and this is the first review of the rule since its re-adoption. While medical technology has made advancements, this rule remains a medically accepted and economic response to the prevention and control of Tuberculosis in Indiana. Specifically there is a blood test for tuberculosis which replaces the skin test. While it is slightly more sensitive, it is more costly and the skin test continues to be used extensively. Therefore, this rule is presented for re-adoption without changes.